

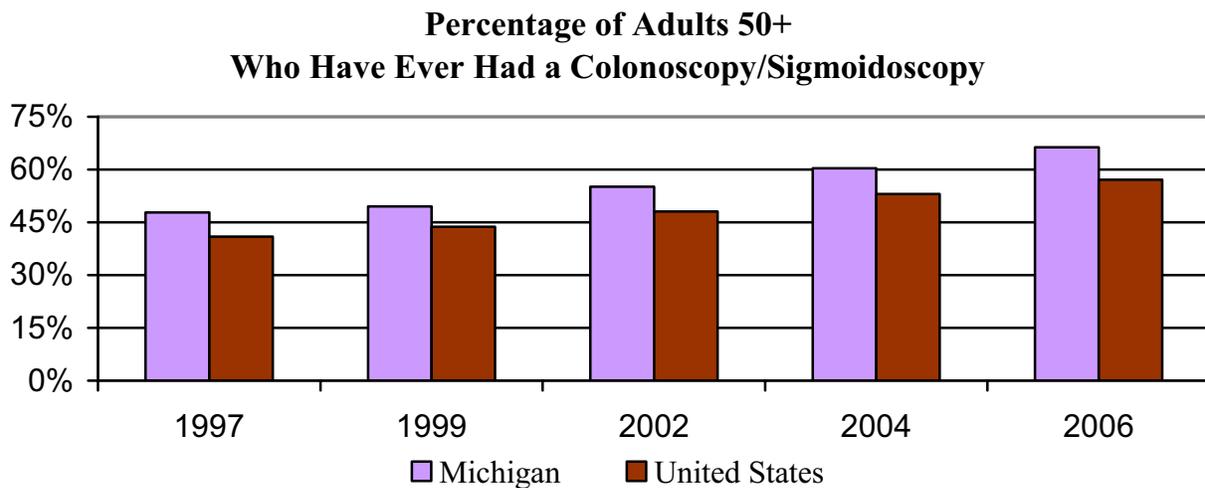


## Topic: Cancer and Cancer Screening

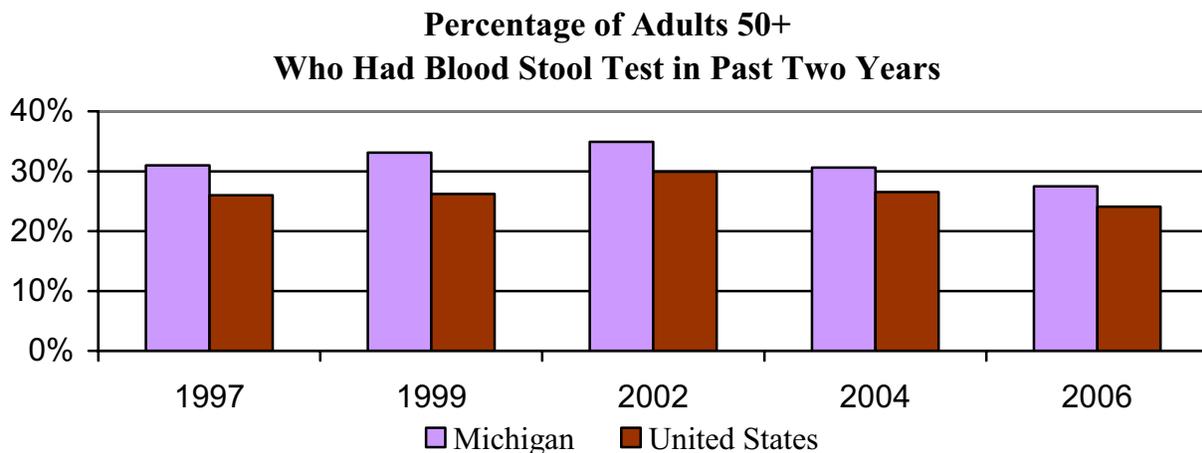
### 16. Colonoscopy and Sigmoidoscopy

The use of colorectal cancer early detection screening procedures in Michigan is monitored by MDCH through the Behavioral Risk Factor Surveillance System (BRFSS). Over the past several years, the colorectal cancer section of the BRFSS has provided information on the use of blood stool tests within the past two years and lower gastrointestinal endoscopies, such as sigmoidoscopy or colonoscopy, within the past five years for Michigan men and women aged 50 years and older.

#### *How are we doing?*



In 2006, 66.3% of Michigan adults 50 years and older reported ever having a sigmoidoscopy or colonoscopy. It is evident that the use of these procedures has increased over the last several years. This percentage has increased by 18.3% over the past 10 years, from 47.8% in 1997 to 66.3% in 2006.



In 2006, an estimated 27.5% of Michigan adults aged 50 years and older had a blood stool test within the past two years. The percentage increased between 1997 (31%) and 2002 (35%) but then decreased in recent years to 27.5%. A contributing factor to the initial increase is possibly the establishment of the Colorectal Action Network (CRAN), which was initiated by the Michigan Cancer Consortium (MCC)



and the American Cancer Society (ACS) and continues to be led by the ACS. The CRAN is a network of organizations concerting efforts in several Michigan counties to promote colorectal cancer screening. State BRFSS data show that lower GI endoscopies particularly screening colonoscopy is now the test of choice in Michigan, and as its utilization increased, the use of Fecal Occult Blood Test (FOBT) as an alternative screening modality naturally decreased.

### ***How Does Michigan compare with the U.S.?***

Michigan has consistently had more adults 50 years and older getting sigmoidoscopy or colonoscopy compared to the US. In 2006, Michigan had a rate of 66.1% while the United States median rate was 57.1%.

In 2006, the proportion of Michigan adults aged 50 years and older who received a blood stool test within the past two years (27.3%) was above that of the United States median percentage (24.1%).

### ***How are different populations affected?***

In 2006, the reported rates of blood stool tests completed within the past two years and alternatively sigmoidoscopy or colonoscopy completed within the past five years both increased with age. Sigmoidoscopy or colonoscopy within the past five years increased from 49.8% for those aged 50-59 years to 58.7% for those aged 70+ years. The completion of blood stool tests within the past two years also increased with age (50-59 years = 24.2% vs. 70+ years = 31.1%).

Men and women were equally likely to have had a blood stool test within the past two years (27.0% vs. 27.9%); however, men were more likely than women to have had a sigmoidoscopy or colonoscopy within the past five years (57.3% vs. 54.8%). Blacks were more likely than Whites to have a blood stool test within the past two years (30.6% vs. 27.6%), and were also more likely to have a sigmoidoscopy or colonoscopy within the past five years (61.7% vs. 55.3%).

### ***What is the Department of Community Health doing to improve this indicator?***

A contributing factor to the increase in blood stool tests in 1999 and 2002 is possibly the establishment of the Colorectal Action Network (CRAN), which was initiated by the Michigan Cancer Consortium (MCC) and the American Cancer Society (ACS) and continues to be led by the ACS. The CRAN is a network of organizations concerting efforts in several Michigan counties to promote colorectal cancer screening.

Most recently, the MDCH has issued a request for proposals for raising colorectal cancer screening awareness among special populations in Michigan. Recipients of these grants will promote universal awareness of colorectal cancer, its impact, and the importance of early detection. Results of this project will guide future interventions in similar population groups across the state designed to reduce colorectal cancer screening disparities and improve colorectal cancer mortality and morbidity outcomes.

**Source:** EM Garcia, SK Lyon-Callo, and AP Rafferty. 2007. Health Risk Behaviors in the State of Michigan: 2006 Behavioral Risk Factor Survey. Lansing, MI: Michigan Department of Community Health, Bureau of Epidemiology, Chronic Disease Epidemiology Section. Accessed online at:

[http://www.michigan.gov/documents/mdch/75634\\_MSU\\_PS-BRFS\\_2006AnnualReport\\_FINAL\\_216699\\_7.pdf](http://www.michigan.gov/documents/mdch/75634_MSU_PS-BRFS_2006AnnualReport_FINAL_216699_7.pdf)